

IMPERIAL VALLEY COLLEGE
LIBRARIAN OBSERVATION FORM

Librarian: _____ Semester: _____

Years of Librarian Experience at Imperial Valley College: _____

Date of Observation: _____ Evaluator: _____

1. Conducts reference interview and follow-up

Comments:

2. Knows and follows Reference Desk and Library policies

Comments:

3. Acts in a manner that encourages patrons to ask questions

Comments:

4.

Summary Comments: _____

| | | |
|---|--------------------|---------------|
| _____ Faculty Member Name | _____ Signature | _____ Date |
| _____ Peer Evaluator Name | _____ Signature | _____ Date |
| _____ Supervising Administrator Name | _____ Signature | _____ Date |
| _____ VP for Academic Services Name | _____ Signature | _____ Date |